University of Zurich[UZH]

LERU APPLICATION FORM

PERSONAL INFORMATION

Name:	**Home University:**
Department:	**Nationality:**
Home Address:	
Email:	**Telephone:**

DETAILS OF PROJECT YOU WISH TO APPLY FOR

Host University:	**Subject/Field:**
Project Title:	

COURSES AND RESULTS TO DATE

Year	Title	Result (and Ranking if known)

PERSONAL STATEMENT

Outline your interest in this specific project and any additional information that supports your application (not more than 500 words).

Applicant Signature: _____ Date: _____

STATEMENT OF SUPPORT FROM PROFESSOR / ACADEMIC SUPERVISOR / LECTURER

DoS Name: _____

Signature: _____ Date: _____

Return to: andrea.orbannoechslin@uzh.ch